

## MANITOBA TO DEVELOP INFORMATION NETWORK

The Manitoba government has signed a 5-year contract with SmartHealth Inc. for the development of a health-information network that will link authorized professionals across the province and provide fast access to patient information such as prescriptions, treatment and immunization history, and laboratory and x-ray results. The government believes the \$100-million cost of the computer system will be recovered quickly through increased efficiency, reduced health care fraud and the creation of new preventive-care programs.

Initial work will focus on extending the existing drug-information network to northern nursing stations, hospital pharmacies and doctors' offices, as well as the design of a laboratory network. Manitoba-based SmartHealth, which specializes in health care information technology, is a wholly owned subsidiary of the Royal Bank of Canada.

## WILL GYM-CLASS CUTS MEAN OUT-OF-SHAPE KIDS?

The Coalition for Quality Daily Physical Education (QDPE), of which the CMA is a member, warns that schools are ignoring students' health when they cut daily physical-education classes in an effort to pare education spending. "Physical-education consultants, specialists and programs are being cut across the coun-

try," says QDPE director John Belfry, "but the education system is the only venue in which we can reach every child and create a positive change through participation in a healthy, active lifestyle." Belfry says many children lead sedentary lives, spending an average 26 hours a week watching television and another 25 to 30 hours at a school desk.

"School boards and governments are ignoring the basics of education when they cut physical education," added Belfry. QDPE is seeking a sponsor to distribute a poster/brochure package to parents. The QDPE program is administered by the Canadian Association for Health, Physical Education and Recreation and Dance, a national group that develops physical-education programs and resources for schools.

## MORE PATIENTS, LESS MONEY TO TREAT THEM, SAYS OMA

The Ontario government is freezing its health budget for medically necessary services delivered by physicians at a level below that provided in 1992, even though the population has grown by more than 700 000 people since then and the province has about 140 000 more residents who are older than 65. And at the same time it is asking physicians to cut \$500 million from the medical care system, the minister of health wants doctors to "improve patient access to services . . . and maintain quality health care." It can't be done,

says the Ontario Medical Association (OMA).

OMA president Dr. Ian Warrack says the decision to reduce spending by \$500 million will further limit patient access to services and jeopardize the quality of care. "This government must begin to understand that providing medical services is not like ordering government supplies," Warrack said. "It can't simply decide to purchase fewer medical services this year." The needs of an aging population, patients' higher expectations, increased demand for costly and sophisticated technology and new medical programs all contribute to greater use of medical services, he warned. In 1992 OHIP funding per resident was \$366; this year it will have declined by 15%, to \$312.

## NB INCREASES HEALTH SPENDING, IMPOSES CEILING

In New Brunswick, the Department of Health and Community Services plans to increase spending on programs and health services by \$9.6 million over the next year. Included in the provincial budget measures are more effective management of the prescription drug program and regional hospital corporations, as well as decentralization of the Extra-Mural Hospital.

Effective Apr. 1, the province imposed individual income ceilings of \$275 000 on family physicians and \$400 000 on specialists. Physicians who reach the income ceilings will be limited to 70% of the fee schedule

for the first \$50 000 in additional billings and 40% for remaining billings. The move is expected to affect about 30 FPs and 30 specialists, and savings will be used to recruit up to 12 new physicians. New Brunswick also plans to increase physician remuneration by 1.5% Apr. 1 and a further 1% Oct. 1.

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## OR SHOOTOUT LEAVES ANESTHETIST DEAD

A replacement physician had to be called to finish an appendectomy in a Brazil hospital in April after a surgeon allegedly shot and killed the attending anesthetist and then fled the scene of the crime — the operating room. *Reuters* reports that a 60-year-old surgeon sought by police in connection with the murder was apparently jealous over his colleague's probable appointment as director of the hospital in a town north of Rio de Janeiro. The anesthetist, who was participating in the appendectomy, had asked the surgeon to bring some additional equipment to the OR. He showed up with a handgun instead.

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## NUMBER OF FEMALE MDs RISING IN US

The number of female physicians in the US has increased by 425% since 1970, *American Medical News* reported recently. The newspaper said there were more than 133 000 women among the almost 700 000 physicians in the US in 1994; in 1970, the total was 25 400.

The paper said 46% of women are in primary care, compared with 31% of male physicians, and 32% are younger than 35 years, compared with 16% of male physicians. Only 6.7% of female physicians were older than 65, compared with 18% of men. Dr. Anne Elayne Bernstein, chair of

the American Medical Women's Association, said the days of spoken and unspoken quotas for women in medical school are over. "Medical schools are looking less askance at female applicants who say their intention is to get married and have families," she said. "That used to be an almost absolute no-no. A woman practically had to be celibate."

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## NEW FORUM FOR AMA

The Alberta Medical Association (AMA) has established a Representative Forum as its new governing body. The 85-member forum, which held its first meeting in March, includes representatives from regional medical organizations, sections, medical schools, medical students' organizations, residents and interns, past presidents and the College of Physicians and Surgeons of Alberta. It will be responsible for developing policy and determining direction for the AMA.

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## TREATED MOSQUITO NETS COULD SAVE MILLIONS

Mosquito nets treated with an insecticide could save 500 000 African children each year who would normally die from the direct or indirect effects of malaria before they are able to build up immunity, researchers have announced. Trials in Kenya and Ghana tested the effectiveness of mosquito nets impregnated with the insecticide permethrin, which is commonly used in medicated lice shampoo. Recognition of the nets' positive effect spread so quickly that families in the study who slept without the nets wanted the trials to end so they could have them too, researchers said. Economic studies indicate that the nets may be as cost-effective as immunization and could be an efficient intervention in highly

endemic areas where the malaria parasite has developed resistance to drugs. The research was funded by a consortium that included the Canadian International Development Agency and the International Development Research Centre.

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## DATA ON OZONE DEPLETION AVAILABLE

Environment Canada has published an update on indicators of key trends related to stratospheric ozone depletion. The indicators provide reliable information and data on the status of the ozone layer and progress being made to reduce man's impact on it. Much progress has been made in reducing ozone depletion in Canada since the introduction of a ban on the production or importation of chlorofluorocarbons (CFC), but CFCs are still found in old appliances and stocks that existed prior to the ban are still being used. Free copies of the update are available from State of the Environment Directorate, Environment Canada, Ottawa ON K1A 0H3; tel: 800 668-6767; and fax: 819 953-2225. Internet users can access the information at <http://www.doe.ca>

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## GROUPS MERGE, FORM COMMUNITY CARE GROUP

The Canadian Long Term Care Association and HomeSupport Canada are merging to form the Canadian Association for Community Care; the agreement will take effect by July 1. The groups say the merger is needed to provide a stronger voice for home-based care, facility-based long-term care and community-support programs such as Meals on Wheels, said the association's *National Bulletin*. The new group will reflect a strong consumer focus.